

117TH CONGRESS  
1ST SESSION

# H. R. 1587

To provide certain coverage of audiologist services under the Medicare program, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 3, 2021

Mr. RICE of South Carolina (for himself, Mr. CARTWRIGHT, Mr. KELLY of Pennsylvania, Mr. YOUNG, Mr. COLE, Mr. BILIRAKIS, Mr. RODNEY DAVIS of Illinois, Ms. UNDERWOOD, Mr. NORMAN, Mr. COHEN, Mr. MCKINLEY, Mr. FITZPATRICK, Ms. WILD, Ms. MCCOLLUM, Mr. BUTTERFIELD, Mr. RESCHENTHALER, Mr. WELCH, Mr. RUTHERFORD, Mr. MASSIE, Mr. YARMUTH, Ms. BLUNT ROCHESTER, Mr. O'HALLERAN, Mrs. MCBATH, Mr. NEGUSE, Ms. SCHAKOWSKY, and Mr. FOSTER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To provide certain coverage of audiologist services under the Medicare program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Audiologist  
5 Access and Services Act of 2021”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Individuals with mild hearing loss are 3  
4 times more likely to experience a fall, and falls are  
5 the leading cause of fatal injury for Americans over  
6 65.

7 (2) Seniors with hearing loss are more likely to  
8 develop cognitive problems and experience cognitive  
9 decline up to 40 percent faster than those without  
10 hearing loss.

11 (3) Untreated hearing loss can lead to depres-  
12 sion, anxiety, and social isolation.

13 (4) Timely access to diagnosis and treatment  
14 for hearing and vestibular conditions can improve  
15 outcomes for beneficiaries and reduce overall cost of  
16 care.

17 (5) Licensed audiologists in all 50 States and  
18 the District of Columbia are health care profes-  
19 sionals that are trained in the diagnosis, treatment  
20 and rehabilitation of individuals with hearing, bal-  
21 ance, and related disorders.

22 (6) The Medicare program covers a range of  
23 hearing health services, including diagnostic and  
24 therapeutic services. However, Medicare will only re-  
25 imburse audiologists for a narrow set of diagnostic  
26 services—even when Medicare-covered treatment

1 services are in the scope of practice of audiologists.  
2 Medicare also requires patients to receive a physi-  
3 cian order before even receiving diagnostic services  
4 from audiologists in order for those services to be  
5 covered by the Medicare program.

6 (7) The Department of Defense Medical Health  
7 System, the Veterans Health Administration, the Of-  
8 fice of Personnel Management (through many of its  
9 Federal Employees Benefit plans), and many Med-  
10 icaid and private health plans provide patients “di-  
11 rect access” to audiologists and do not condition re-  
12 imbursement on referral by a physician.

13 (8) The National Academy of Sciences, Engi-  
14 neering, and Medicine issued a report, entitled  
15 “Hearing Health Care for Adults: Priorities for Im-  
16 proving Access and Affordability,” which rec-  
17 ommended that the Centers for Medicare and Med-  
18 icaid Services “examine pathways for enhancing ac-  
19 cess to assessment for and delivery of auditory reha-  
20 bilitation services” through Medicare, “including re-  
21 imbursement to audiologists for these services”.

22 (9) Administrative requirements for referral,  
23 plan of care, consultation with the attending physi-  
24 cian or other health care practitioner, and oversight  
25 unnecessarily delay care and may increase costs.

1           (10) Medicare beneficiaries should have access  
2           to the same level of audiologic care as is available  
3           in the Veterans Administration, under the Federal  
4           Employees Health Benefits Program, and under pri-  
5           vate insurance.

6 **SEC. 3. MEDICARE COVERAGE OF AUDIOLOGIST SERVICES.**

7           (a) IN GENERAL.—Section 1861(s) of the Social Se-  
8           curity Act (42 U.S.C. 1395x(s)) is amended—

9           (1) in paragraph (2)—

10           (A) in subparagraph (A), by inserting “but  
11           excluding services furnished by a qualified audi-  
12           ologist” before the semicolon;

13           (B) in subparagraph (GG), by striking  
14           “and” at the end;

15           (C) in subparagraph (HH), by striking the  
16           period at the end and inserting “; and”; and

17           (D) by adding at the end the following new  
18           subparagraph:

19           “(II) audiologist services (as defined in  
20           subsection (l)(3)).”; and

21           (2) in paragraph (3), by inserting “(including  
22           services supervised by a qualified audiologist but ex-  
23           cluding services supervised by a qualified audiologist  
24           under the supervision of a physician or other health  
25           care practitioner)” before the semicolon.

1 (b) IMPROVED ACCESS TO AUDIOLOGIST SERV-  
2 ICES.—Paragraph (3) of section 1861(ll) of the Social Se-  
3 curity Act (42 U.S.C. 1395x(ll)) is amended to read as  
4 follows:

5 “(3) The term ‘audiologist services’ means such diag-  
6 nostic or treatment services furnished by a qualified audi-  
7 ologist which the qualified audiologist is legally authorized  
8 to perform under State law (or the regulatory mechanism  
9 provided by State law), as would otherwise be covered if  
10 furnished by a physician or as an incident to a physician’s  
11 service, without regard to any requirement that the indi-  
12 vidual receiving such audiologist services is under the care  
13 of (or referred by) a physician or other health care practi-  
14 tioner or that such services are furnished under the super-  
15 vision of a physician or other health care practitioner.”.

16 (c) PAYMENT UNDER THE PHYSICIAN FEE SCHED-  
17 ULE.—

18 (1) PROVISION FOR PAYMENT UNDER PART  
19 B.—Section 1832(a)(2)(B)(iii) of the Social Security  
20 Act (42 U.S.C. 1395k(a)(2)(B)(iii)) is amended by  
21 inserting “audiologist services,” after “qualified psy-  
22 chologist services,”.

23 (2) PAYMENT AMOUNT AND COINSURANCE.—  
24 Section 1833(a)(1) of such Act (42 U.S.C.  
25 1395l(a)(1)) is amended—

1 (A) by striking “and” before (DD); and

2 (B) by inserting before the semicolon at  
3 the end the following: “, and (EE) with respect  
4 to audiologist services furnished under section  
5 1861(s)(2)(II), the amounts paid shall be 80  
6 percent of the lesser of the actual charge for  
7 the services or the fee schedule amount pro-  
8 vided under section 1848”.

9 (3) PAYMENT ON ASSIGNMENT-RELATED  
10 BASIS.—Section 1842(b)(18)(C) of such Act (42  
11 U.S.C. 1395u(b)(18)(C)) is amended by adding at  
12 the end the following new clause:

13 “(vii) An audiologist.”.

14 (4) PAYMENT UNDER PHYSICIAN FEE SCHED-  
15 ULE.—Section 1848(j)(3) of such Act (42 U.S.C.  
16 1395w-4(j)(3)) is amended by inserting “(2)(II),”  
17 before “(3),”.

18 **SEC. 4. RULE OF CONSTRUCTION.**

19 Nothing in the amendments made by this Act shall  
20 be construed to expand the scope of audiologist services  
21 or the services for which payment may be made to other  
22 providers who may receive payment under title XVIII of  
23 the Social Security Act (42 U.S.C. 1395 et seq.) beyond  
24 those services for which such payment may be made as  
25 of December 31, 2021.

1 **SEC. 5. EFFECTIVE DATE.**

2       The amendments made by this Act shall apply to  
3 items and services furnished on or after January 1, 2022.

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